

Registration District No. 5Primary Registration District No. 5-029

## 1. PLACE OF DEATH:

(a) County Atchison  
 (b) City or town Rural Lincoln  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 2 years years, months or days)

3. (a) PRINT FULL NAME Allison Woodard3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. ✓4. Sex male 5. Color or race Wh 6. (a) Single, widowed, married, divorced, Married6. (b) Name of husband or wife Emily M Woodard 6. (c) Age of husband or wife if alive 80 years7. Birth date of deceased Aug-16-1855  
(Month) (Day) (Year)8. AGE: Years 87 Months 5 Days 4 If less than one day hr. \_\_\_\_\_ min.9. Birthplace Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name David Woodard  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)14. Maiden name Ellen Clark  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)16. (a) Informant John Richardson  
(b) Address Blanchard, Iowa17. (a) Removal (b) Date thereof Jan-22-43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Blanchard Cemetery18. (a) Signature of funeral director [Signature]  
(b) Address Westboro, Missouri19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21st  
year 1943 hour 10 minute A M.21. I hereby certify that I attended the deceased from Dec. 1st 1942 to Jan. 21 1943;  
that I last saw him alive on Jan 21st, 1943;  
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Disease of the Heart  
Duration Several years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 94 a  
(Include pregnancy within 3 months of death)

## Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)

(z) Means of injury \_\_\_\_\_

23. Signature Edward Luke (M. D. or other) \_\_\_\_\_Address Coin, Iowa Date signed 1-25-42

EMC BYC

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Scott Tucker

Registered Apprentice No. 2824

working under my personal supervision.

Signed.....

*Scott Tucker*

Licensed Embalmer No. 2824

P. O. Address. Westvoro, Missouri

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. *m.e*

Registration District No. *5*

Primary Registration District No. *5029*

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County *Atchison*  
(b) City or town *Rural*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL.")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME *Allison Woodard*

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex *M* 5. Color or race *W* 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased *Aug 16 1910*  
(Month) (Day) (Year)

8. AGE: Years *37* Months *5* Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry of business \_\_\_\_\_

MOTHER FATHER

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) *Feb 12 1943* (b) *(M. D. O. Cunningham)*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Jan* Day \_\_\_\_\_ Year *1943* hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

17264